

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043144

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2005 Registrar's No. 559

FILED NOV 13 1962

## 1. PLACE OF DEATH

a. COUNTY Jasperb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN RuralLength of stay in 1b  
45 yrsc. CITY  
OR TOWN Rural JoplinInside Limits  
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION RR#3Inside Limits  
Yes ☐ No ☒d. STREET ADDRESS RR#3 (If outside, give location)Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
ARTHURMiddle  
CHARLESLast  
HONBERGER4. DATE OF DEATH  
Month November Day 4 Year 19625. SEX  
Male6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
2-14-19029. AGE (last birthday)  
60IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Independent Trucker10b. KIND OF BUSINESS OR INDUSTRY  
Trucking11. BIRTHPLACE (City and state or country)  
Joplin, Mo.12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

Samuel Honberger

## 13b. MOTHER'S MAIDEN NAME

Martha Altis

## 14. NAME OF HUSBAND OR WIFE

Margaret Honberger15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No16. SOCIAL SECURITY NO.  
None

## 17. INFORMANT

Address

Mrs. Margaret Honberger, RR#3, Joplin, Mo.18. CAUSE OF DEATH (Enter only one cause per line for  
PART I. DEATH WAS CAUSED BY:IMMEDIATE CAUSE (a) Acute circulatory collapseINTERVAL BETWEEN  
ONSET AND DEATH  
few minConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.DUE TO (b) Myocarditis

DUE TO (c)

1 yearPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)Believe myocarditis exaggerated by deceased being in gas explosionPART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
at home 2 months prior to death. Extensive burn s20c. TIME OF INJURY  
Hour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-2-1958 to 11-4-62 and last saw her alive on 11-4-62  
Death occurred at 4:25 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

D.O.

22b. ADDRESS

Carterville, Mo

22c. DATE SIGNED

11-6-6223a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

11-7-1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Hope Cemetery

23d. LOCATION (City, town, or county)

Webb City, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Thornhill-Dillon Mortuary, Joplin, Mo.

25. DATE RECD. BY LOCAL REG.

11-7-1962

26. REGISTRAR'S SIGNATURE

Dore Merriam

NOV 13 1962

JAN 4 1963

JAN 23 1963

APR 5 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.